

From Cervical Cancer Elimination to HPV Elimination: Shaping the Global Strategy for HPV Vaccination Beyond 2030

Policy Statement informed by our roundtable at the World Health Assembly

On 20 May 2026, Global Action on Men's Health and NOMAN is an Island: Race to End HPV convened a roundtable on the sidelines of the World Health Assembly in 2026 to discuss and inform future global policy and narratives on HPV vaccination. This statement reflects the presentations and contributions made at this roundtable.



Key Messages / Summary

- There is growing international recognition that human papillomavirus (HPV) prevention should **move beyond a sole focus on cervical cancer elimination towards the prevention of all HPV-related cancers and diseases** affecting both females and males (see box).
- **Routine universal (gender-neutral) HPV vaccination** — the vaccination of all children and young people against HPV — should become a **core pillar of the current and post-2030 global HPV strategy**. Routine universal vaccination offers protection to everyone (not only vaccinated women and girls), and accelerates cancer and other disease prevention across the whole population.
- New scientific evidence on universal vaccination, including very significant long-term findings from Finland, **strengthens the case for vaccinating boys** by demonstrating reductions in HPV infection, and increased herd protection from HPV-related pre-cancers and cancers among females.
- HPV-related cancers affecting males — oropharyngeal, anal and penile cancers — are increasing in many countries. Unlike cervical cancer, **HPV-related cancers in men lack established routine population screening programmes**, making vaccination — which is proven to be effective in reducing HPV prevalence among men — the only effective prevention tool.

HPV affects everyone, not just one gender.

HPV causes a wide range of cancers and diseases affecting both sexes, including anal, penile, vulval, vaginal, cervical and oropharyngeal cancers, as well as recurrent respiratory papillomatosis (RRP) and anogenital warts.

- Community-based research from Tanzania found strong support among parents for vaccinating boys and showed that **framing HPV vaccination as protection against HPV-related diseases affecting both sexes can improve acceptability, support gender equity and increase vaccine uptake** among girls as well as boys.
- Significant policy developments indicate **growing international momentum for routine universal vaccination**, including the inclusion of HPV vaccination for both girls and boys in the December 2025 UN Political Declaration on Non-communicable Diseases (NCDs) and Mental Health, the updated 2025 European Code Against Cancer, and recent decisions by several countries to expand HPV vaccination programmes to boys (e.g. South Korea, Indonesia, Algeria and Eswatini).
- Despite these developments, **the WHO global prioritisation framework for HPV vaccination remains unchanged and only includes girls as a primary target**. The new policy and empirical reality supporting universal vaccination must be used to hold the WHO and national governments accountable for greater action on boys' HPV vaccination.
- **Persistent barriers to expanding vaccination to boys must be addressed** including misinformation, vaccine hesitancy, stigma surrounding male HPV-related diseases, low public awareness of non-cervical HPV cancers, implementation challenges and continuing research gaps.
- **The international community will not meet its 2030 cervical cancer elimination targets using the current approach**. While significant and laudable progress has been made, it is now time to move to universal HPV vaccination through which HPV16 and other high-risk oncogenic HPV types could be eradicated more rapidly.
- **HPV is a population-wide public health issue rather than a female-only issue**. Future prevention strategies should reflect the fact that HPV causes disease in both women and men.
- The period leading to the **development of the post-2030 global HPV strategy is a critical opportunity** to ensure that future policy reflects the full burden of HPV-related disease and supports the adoption of routine universal HPV vaccination worldwide.

Meeting Rationale

The roundtable was convened against a backdrop of significant progress in HPV prevention over the past two decades. More than 160 countries have now introduced HPV vaccination and the global cervical cancer elimination agenda has generated important political commitment, investment and public health action, improving outcomes for millions of women and girls. In several countries, cervical cancer rates have fallen dramatically among vaccinated populations. However, the policy landscape has significantly evolved since the decision was originally made to focus only on cervical cancer elimination. Increasingly, governments, researchers, advocates, patient groups and public health organisations are recognising that HPV affects the whole population and causes disease in both males and females. The question these stakeholders are now asking is how to prevent all HPV-related cancers and diseases, not only how to eliminate cervical cancer alone.

Global Action on Men's Health (GAMH) and NOMAN is an Island: Race to End HPV (NOMAN) convened this roundtable in Geneva during the World Health Assembly in May 2026 to explore this changing context. It brought together leading researchers, UN and government representatives, non-governmental organisations (NGOs), advocates, industry, and partners to assess the latest evidence, policy developments and implementation experience, and consider how these could inform a post-2030 global HPV strategy that positions routine universal HPV vaccination (RUV), also known as gender-neutral vaccination (GNV), as central to achieving the elimination of all HPV cancers and disease.



“the United Nations Political Declaration was a landmark in advancing HPV prevention. Collectively we have to respond.”

*Dr André Ilbawi, Cancer Lead,
World Health Organization
(WHO)*

A new HPV prevention reality?

Important global, regional and national HPV policy frameworks now support boys' HPV vaccination. Several significant policy developments have recently taken place that support RUV, including:

- The 2025 UN Political Declaration on the Prevention and Control of NCDs and the promotion of Mental Health and Wellbeing commits governments to supporting HPV vaccination for both girls and boys. 175 member states voted to adopt this declaration. This is the first time the UN has called explicitly for boys to be included in HPV vaccination programmes.
- The updated European Code Against Cancer 2025, produced by the International Agency for Research on Cancer (IARC) and the European Commission, now recommends HPV vaccination of both girls and boys, with a target of 90% coverage for both sexes.
- Europe's Beating Cancer Plan, which commits the European Union region to RUV, is seeing positive ripple effects beyond its borders. Southeast European governments outside the EU, such as Bosnia and Herzegovina, Kosovo, North Macedonia, and Montenegro, are now supporting boys' vaccination.
- The Pan American Health Organization (PAHO) has similarly recommended the vaccination for HPV of both sexes, aged 9-14, since 2023.
- A steadily increasing number of countries now vaccinate boys for HPV or plan to expand their programmes to include boys. South Korea, Eswatini and Indonesia have recently announced this intention, as has Algeria (the first North African country to do so). Currently, 87 countries — over half of the 163 countries in total with HPV vaccination programmes — include boys in their national immunization effort.
- Ongoing discussions are taking place in countries such as China and India about the benefits of adopting RUV.
- The international cancer community is increasing its focus on this issue. For example, the Global HPV Consortium (Sabin Vaccine Institute) recently established a Male Vaccination Technical Working Group.

It is now a necessity for WHO, national governments, and the wider global vaccine community to respond to these policy developments, particularly in light of the new UN Political Declaration's statement on the need to also vaccinate boys.

Universal vaccination accelerates elimination of high-risk HPV types and improves protection for girls and boys. Evidence from Finland's long-term community randomised control trial on the impact of different vaccination strategies (gender-neutral/routine universal versus girls-only) provides one of the strongest demonstrations of the benefits of universal HPV vaccination.¹ Undertaken by the National Institute for Health and Welfare in Finland, this study found the following benefits:

- Significant herd protection effects within four years with moderate HPV vaccination coverage of both sexes. Females benefit, as well as males.
- Reduced circulation and transmission of oncogenic HPV types due to universal vaccination, with high-risk HPV types eliminated with 75% coverage in 20 years.²
- Greater protection of unvaccinated individuals, particularly marginalised groups.
- Universal vaccination accelerates cervical cancer elimination while simultaneously preventing other HPV-related cancers.
- Better population impact than girls-only vaccination at similar coverage levels.

The Finnish evidence reinforces the argument that vaccination strategy - adopting universal vaccination as the standard approach, rather than girls-only - is as important as vaccine selection e.g. bivalent, quadrivalent, nonavalent, when pursuing long-term elimination goals. Given that the global community is not likely to meet its 2030 targets for cervical cancer elimination using a girls-only vaccination strategy, this evidence further reinforces the rationale for shifting to universal vaccination to achieve this goal.

"We will not see elimination of cervical cancer in the three and a half years that we have left to meet the WHO criteria for 2030. But we will be able to eradicate HPV16 and other high-risk HPV types by 2040 with a gender-neutral vaccination strategy and everything else follows from that."

Professor Matti Lehtinen, Finnish National Institute for Health and Welfare

Vaccinating boys strengthens overall public confidence and prevention effectiveness. Evidence from the Add-Vacc Trial in Northwest Tanzania undertaken by the London School of Hygiene and Tropical Medicine (LSHTM) and Mwanza Intervention Trials Unit found that offering vaccination to boys and highlighting the full spectrum of HPV-related disease for men and women, improved confidence in vaccination among girls and their families. This study reported that framing HPV vaccination as protection for everyone rather than only for girls to prevent cervical cancer, increased vaccine acceptability and critically also uptake among some study participants (see below).³

Expanding the narrative beyond cervical cancer improves vaccine uptake. The Tanzania study also demonstrates that messaging about multiple HPV-related conditions motivates both parents, particularly fathers, to support vaccination leading to improved uptake in boys and girls. This wider framing of HPV-related disease in Tanzania also led to boys themselves being keen to be vaccinated to protect their partners, and boys encouraging girls to be vaccinated. Low awareness of anal cancer and the other HPV-related conditions can reduce demand for vaccination. Positioning HPV vaccination as a comprehensive cancer prevention tool can reduce stigma and increase help-seeking and vaccine uptake. It was also noted that RUV programmes typically result in higher coverage rates than girls-only programmes.

Interestingly, some governments in the Middle East and North Africa (MENA) region that have not yet started HPV vaccination are reportedly considering going straight to universal approaches - rather than beginning with girls-only - in order to avoid the stigma and myths which can be associated with focusing on cervical cancer prevention alone.

HPV causes a substantial burden of disease in males. Evidence from the Center for Immunization and Infection Research in Cancer (CIIRC) and Moffitt Cancer Center shows that several HPV-caused cancers are increasing globally among men, particularly HPV-associated oropharyngeal and penile cancers. In some high-income country (HIC) settings, oropharyngeal cancer incidence in men now exceeds cervical cancer incidence in women. This burden in HPV-related cancers in men is often not well understood or even acknowledged. Unlike cervical cancer, there are currently no widely available, reliable population screening programmes for most HPV-related cancers affecting men. With an estimated 180,000+ male cancer cases caused by HPV each year worldwide, vaccination provides the primary opportunity for prevention.

Biological and vaccine efficacy evidence supports direct HPV protection for males. Men rarely develop protective antibodies following natural HPV infection and therefore remain susceptible to HPV throughout their lifetime. Research finds that while 60% of women will develop a natural antibody to HPV16, less than 4% of men will. At the same time, vaccination has been found to provide strong protection for males against HPV infection, genital warts and precancerous lesions. There is also new evidence showing that the use of the nine-valent vaccine is associated with a nearly 50% reduction in HPV-related cancers among males.⁴

Routine universal vaccination promotes equity. Limiting vaccination to girls creates inequities because boys also face significant HPV-related disease risks (see paragraph above on the male HPV burden). The research from Northwest Tanzania also found widespread support for vaccinating boys based on principles of fairness and equal protection. Community members in Tanzania interviewed as part of the Add-Vacc Trial reported viewing HPV prevention as a gender equity issue and believing that both sexes should benefit from protection.⁵

A further benefit of universal vaccination is that it protects groups that may receive less indirect protection through a girls-only vaccination approach,



“Framing male HPV vaccination as a gender equity issue, and discussing the full spectrum of HPV related conditions, was key for HPV vaccination uptake in both girls and boys.”

Dr Sue Kelly, LSHTM

“... the incidence of oropharyngeal cancer and the proportion of those cancers caused by HPV is significantly increasing globally ...”

Professor Anna Giuliano, CIIRC and Moffitt Cancer Center

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particularly higher-risk groups such as gay and bisexual men who have sex with men (GBMSM). Recent modelling also shows that a universal HPV vaccination approach would substantially attenuate worldwide inequalities in cervical cancer outcomes between low- and middle-income countries (LMICs) and HICs.⁶

Key Challenges to expanding HPV vaccination to boys

Global frameworks continue to prioritise girls-only cervical cancer-only HPV prevention strategies. Despite the recent policy commitments to RUV, notably in the UN Political Declaration, and the steadily increasing number of countries vaccinating boys as well as girls, the WHO Cervical Cancer elimination strategy continues to prioritise girls as the primary target for HPV vaccination and boys as the secondary target. Funding to LMICs from Gavi, the Vaccine Alliance, to support subsidised HPV vaccination mirrors this approach. National governments in LMICs confirm that they are then constrained in their desire to expand HPV vaccination to include boys. This impacts national implementation and funding decisions. Cost effectiveness assessments of vaccinating boys are still shaped by a cervical cancer-only framework, rather than the public health and economic benefits of universal vaccination on all HPV-associated disease. As a result, global vaccination rates remain much lower in boys than girls.

Misinformation and vaccine hesitancy. Misinformation is one of the most significant threats to HPV vaccination programme expansion. This includes rumours about vaccination leading to infertility in girls or causing erectile dysfunction and “promoting” homosexuality in boys. The Tanzania study above found that a rapid response to such rumours, accompanied by public education about HPV, the vaccine, and its benefits to both men and women, helped to counter this misinformation.

There is also a need to address broader anti-vaccine narratives and declining confidence in vaccination following the COVID-19 pandemic. The promotion of particular types of traditional manhood, commonly via social media, associated with anti-vaccination is also a challenge, further highlighting the importance of engaging men in this area.

Stigma and taboo associated with male HPV cancers. Several HPV-related cancers in men remain poorly understood and difficult to discuss publicly. Anal cancer and penile cancer in particular are frequently described as highly stigmatised conditions. This contributes to low awareness, delayed diagnosis, poor patient experiences, reduced public engagement and less research and prioritisation of these diseases.

Limited awareness of non-cervical HPV diseases. Many participants noted that, due to the current default HPV prevention approach, public awareness remains focused almost entirely on cervical cancer. This is even the case in countries that already vaccinate both boys and girls. As a result, men themselves are frequently unaware that they can transmit HPV to women. Awareness of anal, penile and oropharyngeal cancers in men, and that HPV is associated with these cancers, remains very low in many settings.

Current data collection underestimates male HPV cancer prevalence. The incidence globally of male HPV cancers, particularly anal, penile and oropharyngeal cancers, is likely to be significantly underestimated. Only one country in the world, Taiwan, has a nationwide screening programmes for oropharyngeal cancer, and while welcome this programme targets high-risk populations only such as betel quid chewers and tobacco smokers.

HPV-associated anal cancer is also often grouped together in cancer registries as part of colorectal cancer (not specifically listed as anal cancer), and is frequently overlooked in data collection.

HPV vaccination programme and early diagnosis implementation challenges. These include:

- Too few trained specialists on male HPV cancers, such as proctologists for anal cancer.
- Some health professionals, including in HICs, lack awareness of HPV's



“... there is a major lack of understanding that there is a link between HPV and anal cancer ...”

*Laure Roulle de Montandon,
Association NO TABOO*

broader disease burden or do not understand the importance of HPV vaccination for males.

- Limited knowledge and understanding among many communities of non-cervical HPV disease.
- Teachers, parents and community leaders may be reluctant to talk about HPV or support vaccination.
- A lack of routinely available and reliable screening methods for HPV-associated cancers in men, as noted above.
- Maintaining strong school-based delivery systems to support both boys' and girls' vaccination can be challenging for countries.

Financing and supply considerations. Although vaccine supply constraints have largely been resolved, there remains a need to align future demand with manufacturing capacity and to provide manufacturers with greater certainty about future vaccine demand to support production planning and programme expansion.



"Only one single country has a nationwide screening programme for oropharyngeal cancer, and they only screen high-risk populations."

Professor Bettina Borisch, World Federation of Public Health Associations (WFPHA)

Recommendations

The roundtable discussion identified several priorities for shaping the global HPV vaccination strategy now and beyond 2030.

ADOPT A BROADER HPV ELIMINATION FRAMEWORK

The future global strategy on HPV prevention should move beyond a sole focus on cervical cancer and address the prevention of all HPV-related cancers and diseases affecting both females and males.

SUPPORT AND SCALE-UP ROUTINE UNIVERSAL (GENDER-NEUTRAL) HPV VACCINATION

Routine vaccination of both girls and boys should be recognised as a core component of future HPV prevention strategies and elimination efforts. Countries that have committed to boys' vaccination also need to improve their current uptake.

USE THE UN POLITICAL DECLARATION AS A POLICY LEVER

Advocates, researchers and civil society organisations should encourage WHO and national governments to translate commitments in the UN Political Declaration into national policy, financing and programme implementation. Member states, in collaboration with civil society and professional associations, should actively engage with the WHO's routine monitoring and reporting processes to ensure that the implementation of this declaration's commitment to boys' vaccination is reflected in progress reports to the UN General Assembly (UNGA) and informs future global accountability.

STRENGTHEN ADVOCACY COALITIONS FOR RUV

Participants emphasised the importance of maintaining and expanding international alliances to support a stronger focus on preventing all HPV disease, bringing together governments, researchers, patient organisations, UN agencies, professional bodies and civil society.

STRENGTHEN COMMUNICATIONS & PUBLIC EDUCATION ON ALL HPV-RELATED DISEASE

Public messaging must pivot from girls-only and cervical-only approaches to promote HPV vaccination as cancer prevention for everyone and to increase awareness of all HPV-related diseases. This will help to address stigma and counter misinformation around HPV vaccination. It is critical to engage trusted messengers including teachers, parents (including fathers), health professionals, community leaders, religious leaders and pharmacists. Key global moments, such as Men's Health Week, should also be used to talk about HPV and cancer prevention.

EXPAND RESEARCH AND EVIDENCE GENERATION TO SUPPORT RUV

Priority areas raised during the meeting to support greater understanding of RUV include:

- Cost effectiveness research that looks at all HPV-associated cancers and diseases, including the future economic costs of not preventing all HPV disease.
- Expanding screening for HPV-related diseases.
- Improving the accuracy of data on male HPV-cancer incidence rates.
- Understanding country readiness for programme expansion, including alignment between RUV and health planning cycles and health policy investment opportunities.
- Research on the benefits of targeting men for HPV vaccination in terms of shifting traditional norms around manhood and promoting gender equality.

IMPROVE NATIONAL IMPLEMENTATION PLATFORMS

Countries should strengthen school-based vaccination programmes, expand pharmacy involvement in HPV vaccination, improve cancer registry and data systems, expand health professional training (particularly on anal, penile and oropharyngeal cancers), strengthen care and support for male HPV-cancer survivors, engage communities early and ensure that policy commitments on RUV are translated into operational delivery.



“We need to use the UN political declaration to hold governments accountable.”

Marina Davidashvili, European Parliamentary Forum for Sexual & Reproductive Rights (EPF)



“Vaccination not only has a huge role on preventing disease, but... in raising awareness around all HPV disease.”

Dr Ben Ayres, European Association of Urology (EAU)

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Specific Next Steps Being Taken by GAMH and NOMAN

GAMH and NOMAN are undertaking a programme of work to maintain momentum and influence the development of HPV policy now and beyond 2030. Key actions include:

EXPANDING SUPPORT FOR OUR GLOBAL CALL TO ACTION FOR RUV

GAMH and NOMAN will continue building support for our global call to action on routine universal (gender-neutral) HPV vaccination and seek additional organisational endorsements. Further details can be found at: www.endhpvglobal.org. Please add your voice to this call if you have not already done so.

USING THE UN POLITICAL DECLARATION TO DRIVE ACCOUNTABILITY

GAMH and NOMAN will continue engaging the WHO and governments to request action on the commitments made on boys' vaccination in the UN Political Declaration. We will continue supporting our partners in their advocacy efforts on the Political Declaration, including providing template correspondence and advocacy resources. Our position paper on the significance of this Declaration is available on endhpvglobal.org.

CONTINUING OUR WEBINAR SERIES

The popular Men, Cancer and HPV webinar series will continue, providing a platform for sharing evidence, new developments, implementation experiences and the perspectives of people affected by HPV-related disease. Previous webinars can be viewed on GAMH's YouTube channel: [@globalactiononmenshealth5887](https://www.youtube.com/channel/UCglobalactiononmenshealth5887)

QUARTERLY MEN, CANCER & HPV NEWSLETTER

GAMH and NOMAN will continue its newsletter and wider communications to share our forthcoming activities, advocacy opportunities and news and research on men and HPV with stakeholders globally. Please sign up [here](#).

PUBLISHING A JOINT ACADEMIC STATEMENT

A joint academic statement on RUV has been developed for publication in the scientific literature. The statement sets out the evidence and rationale supporting routine universal HPV vaccination. Once published, we will seek endorsement from over 100 global experts and professional organisations.

STRENGTHENING LIVED-EXPERIENCE ENGAGEMENT

GAMH and NOMAN will continue to develop its advisory group of men with lived experience of HPV-related disease and expand opportunities for survivor and patient voices to inform our advocacy and policy influencing activities.

CONTINUING ANNUAL ENGAGEMENT AT THE WORLD HEALTH ASSEMBLY

GAMH and NOMAN intend to continue convening stakeholders at future World Health Assemblies to review progress, share new evidence and build support for a broader HPV elimination agenda.

Speaker details

GAMH and NOMAN are indebted to the following eminent speakers for their contributions to this roundtable:

- Professor Bettina Borisch, Chief Executive Officer, World Federation of Public Health Associations (WFPHA)
- Professor Anna Giuliano, Center for Immunization and Infection Research in Cancer (CIIRC), and Director, Moffitt Cancer Center
- Dr André Ilbawi, Cancer Lead, World Health Organization (WHO)
- Dr. Susan Kelly, London School of Hygiene and Tropical Medicine and Mwanza Intervention Trials Unit (MITU)
- Professor Matti Lehtinen, National Institute for Health and Welfare, Finland
- Laure Roule de Montandon, Association NO TABOO

Participant organisations

Participant organisations at the roundtable included the Association NO TABOO, Center for Immunization and Infection Research in Cancer (CIIRC)/ Moffitt Cancer Center, European Association of Urology (EAU), European Cancer Organisation (ECO), European Parliamentary Forum for Sexual & Reproductive Rights (EPF), Global Action on Men's Health (GAMH), Guyana Mission to the UN in Geneva, HPV Prevention and Control Board, ILGA World, International Pharmaceutical Federation (FIP), Kingston University, London School of Hygiene and Tropical Medicine (LSHTM), Middle East and North Africa (MENA) Coalition for HPV, MSD, National Institute for Health and Welfare, NOMAN is an Island: Race to End HPV, Sabin Vaccine Initiative, University of California, San Francisco, World Federation of Public Health Associations (WFPHA), World Health Organization (WHO), and Youth WFPHA.

About Global Action on Men's Health and NOMAN is an Island: Race to End HPV

Global Action on Men's Health (GAMH) is an international charity registered in the UK that brings together organisations and individuals interested in men's health in a global advocacy network. Its mission is to create a world where all men and boys can achieve the best possible health and wellbeing wherever they live and whatever their backgrounds. www.gamh.org

NOMAN is an Island: Race to End HPV (NOMAN) was started by three siblings after losing their mother to cancer caused by HPV, who resolved to eradicate HPV and prevent HPV cancers from ending other lives prematurely. NOMAN works globally on advocacy and education, coalition building, and generating evidence-based calls to action to educate and convince policymakers that HPV elimination is possible, but only via routine universal HPV immunisation. NOMAN is a programme of the HPV and Anal Cancer Foundation, a registered charity in England and Wales and the USA. www.nomancampaign.org

Acknowledgments

GAMH and NOMAN express their sincere appreciation to all the speakers and participants at the roundtable for their helpful and active contributions and support. GAMH wishes to thank MSD and NOMAN for supporting its work on men, HPV and cancer. MSD has neither sought nor had any influence or control over the content of this report. The contents of this report are solely the responsibility of GAMH and NOMAN and do not necessarily reflect the views of those participating at the meeting.

Suggested citation

Shand T, Baker P and Winterflood D. From Cervical Cancer Elimination to HPV Elimination: Shaping the Global Strategy for HPV Vaccination Beyond 2030, Policy Statement and Report of a High-level Roundtable at World Health Assembly 2026. Global Action on Men's Health and NOMAN is an Island: Race to End HPV; London, UK, 2026.

